

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: Antonio Covacci, Massimo
Bugnoli, John Telford, Giovanni Macchia and
Rino Rappuoli

Group Art Unit: Not Yet
Assigned

For: Helicobacter Pylori Cytotoxin Proteins
Useful for Vaccines and Diagnostics

Examiner: Not Yet Assigned

DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a



Utility Patent



Design Patent

is sought on the invention, whose title appears above, the specification of which:



is attached hereto.



was filed on _____ as Serial No. _____.



said application having been amended on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to the patentability of this application in accordance with 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a-d) of any **foreign application(s)** for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of any application on which priority is claimed:

| Priority Claimed (If X'd) | Country | Serial Number | Date Filed |
|---------------------------------|---------|---------------|------------|
| <input type="checkbox"/> | _____ | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ | _____ |

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

| Serial Number | Date Filed | Patented/Pending/Abandoned |
|---------------|------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

| Serial Number | Date Filed |
|---------------|------------|
| _____ | _____ |
| _____ | _____ |

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Please direct all telephone calls to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | |
|---|--|
| Name: Antonio Covacci | |
| Mailing Address: Vc. Provenzano, 8 53100, Siena, Italy | Signature _____ Date of Signature: _____ |
| City/State of Actual Residence: Siena, Italy | Citizenship: _____ Italy |

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|---|--|
| Name: Massimo Bugnoli | |
| Mailing Address: V. del Pozzo, 38 53035 Monteriggioni, Italy | Signature _____ Date of Signature: _____ |
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| | |
|---|--|
| Name: John Telford | |
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| | |
|---|--|
| Name: Rino Rappuoli | |
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| | |
|---|---|
| Name: Giovanni Macchia | |
| Mailing Address: Parkweg 31 2271 AD Voorburg (NL), Netherlands | Signature Date of Signature: _____ |
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|--|---|
| Name: | |
| Mailing Address: | Signature Date of Signature: _____ |
| City/State of Actual Residence: | Citizenship: _____ |

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